ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* ....

Place of Birth ..Globe,.......... County ...Gila......... No. ....

(Registration District)

SEX OF CHILD*	Twin Triplet or other?		Number in order of birth
Female	No	and	_

DATE OF BIRTH* ..June.. 20, 1929
(Month) (Day) (Year)

FULL NAME — FATHER: James Frank, Parks

FULL* MAIDEN NAME — MOTHER: Mary Opal Young

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

Betty Lee Parks
(Give name in full) (Surname)

J. F. Parks
(Parent's Signature)

T. C. Harper, M.D
(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.

10M 11-41 A.P.

272-630-487